



STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
ROAD TOLL BUREAU
33 HAZEN DRIVE, CONCORD NH 03305
Telephone: (603) 271-2302
TDD Access: Relay NH 1-800-735-2964

OFFICE USE ONLY:

Claim No: _____

Class No.: _____

Total Toll Paid: \$ _____

Amt. Of Refund: \$ _____

By: _____

ROAD TOLL REFUND APPLICATION-RETAIL DEALER-IN ACCORDANCE WITH RSA 260:48

The statement on the reverse side must be completed by the applicant's supplier. All gallonage figures should be checked for accuracy.

Name of Applicant*: _____

Business Name*: _____ FEIN: _____

Retail Station Address: _____

City or Town: _____ New Hampshire: _____ Telephone No: _____
Zip Code

Mailing Address for Refund: _____

All Applications Must Be Accompanied By A Statement From A Licensed NH Distributor For Gross Purchases Of Motor Fuel Made By The Retail Dealer During The Six Month Period.

***PER SAF-C 310:05**

- (b) "In order to be eligible to receive a retail dealer refund under RSA 260:48, a retail dealer shall be a separate legal entity from any licensed distributor, as defined in RSA 259:21."
- (c) "For the purposes of this section, a trade name or a d/b/a shall not constitute a separate legal entity."

APPLICANT'S CLAIM

Fuel Used For The Period Of _____ through _____ Year _____

GASOLINE

TAX PAID DIESEL

	Gallons	Gallons
1. Gross Purchases, per statement:		
2. Road Toll (rate per gallon)	.18	.18
3. Road Toll Paid:	\$	\$
4. Refund Rate (3/4 percent of Road Toll paid)	.0075	.0075
5. Amount of Refund:	\$	\$

Printed Name: _____

Signature of Applicant _____

"This application is signed under the penalty of unsworn falsification pursuant to RSA 641:3"

Date: _____

NOTE: SUCH APPLICATION SHALL BE FILED AND POSTMARKED WITHIN 90 DAYS AFTER EACH SIX MONTH PERIOD ENDING JUNE 30 AND DECEMBER 31 RESPECTIVELY.

(CLAIM FORM ON THE REVERSE SIDE MUST BE COMPLETED BY THE APPLICANT)

STATEMENT OF MOTOR FUEL SALES TO NEW HAMPSHIRE RETAIL DEALERS

This statement is prepared for and furnished to New Hampshire Retail Dealers to substantiate Road Toll Refund claims as authorized under RSA 260:48

RSA 259:89 Retail Dealer.

"Retail dealer," for purposes of the provisions of this title relative to road tolls, shall mean any person or persons other than a licensed distributor who engages primarily in the business of selling or distributing motor fuel within this state at the retail level; provided further that retail dealer shall not include any person or persons who receive motor fuel upon which the road toll has been paid by a licensed distributor for storage or subsequent distribution at the wholesale level or solely for storage and consumption by such person or persons.

FEIN: _____

Name of Licensed Distributor _____ Telephone No. _____

Address: _____
Street City/Town State Zip Code

Name of Retail Dealer: _____

Retail Station Address: _____
Street City/Town State Zip Code

THE UNDERSIGNED STATES THAT THE FOLLOWING MOTOR FUEL GALLONAGE WAS SOLD TO THE ABOVE (RETAIL DEALER) FOR THE PERIOD INDICATED.

From _____ through _____ year _____

SUMMARY OF GALLONS

GASOLINE	gallons
TAX PAID DIESEL	gallons

Please attach RT115 R in support of Gasoline and Tax Paid Diesel gallons

Printed Name: _____

Signature _____ Title _____
(*"This application is signed under penalty of unsworn falsification pursuant to RSA 641:3."*)

For _____
(Licensed Distributor)

Date: _____